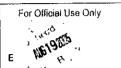
U.S. Department of Labor Office of Labor-Management • Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amenced Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 1206/	2. Fiscal Year Covered From
	11/11/2004 Through: 112/31/2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name   Glenard     S Middleton, Sr.	Name   AFSCME/Council_67
	Labor Organization File Number   068080
P O. Box, Bldg., Room No., if any Suite A	P.O. Box, Building and Room Number, if any Suite A
Street   1410 Bush Street	Street 1410 Bush Street
City   Baltimore	City   Baltimore
State   MD   ZIP Code + 4   21.230	State   MD   ZIP Code + 4   21230
5. Position in labor organization. Director	
A. Held an interest in, engaged in transactions (including loans) with, of monetary value from an employer whose employees your organizate.  6 Name and address of Employer (including trade name, if any).	tion represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.
6 Name and address of Employer (including trade name, if any).  Name   Joseph L. Pedone, Director of La	7.a. Nature of Interest, Transaction, or Income.
Trade Name, if any: Care First/Blue Cross Blue	
P.O. Box, Bldg., Room No., if any Mail Stop 02-410	.
,	
P.O. Box, Bldg., Room No., if any Mail Stop 02-410	
P.O. Box, Bldg., Room No., if any Mail Stop 02-410.  Street 10455 Mill Run Circle	7.b. Amount.
P.O. Box, Bldg., Room No., if any   Mail Stop 02-410.  Street   10455 Mill Run Circle  City   Owings Mills  State   MD   ZIP Code - 4   21117	7.b. Amount.
P.O. Box, Bldg., Room No., if any   Mail Stop 02-410.  Street   10455 Mill Run Circle  City   Owings Mills  State   MD   ZIP Code - 4   21117	7.b. Amount.  \$995.00  gnature  of Perjury and other applicable penalties of the law, that all of the information nying documents), has been examined by the signatory and is, to the best of the

Name:	of F	Person	Filing	

## Glenard S. Middleton, Sr.

ZIP Code + 4

or Consultant

?

File Number U-

B. Held an interest in or derived income or economic benefit with monetary values ubstantial part of which consists of buying from, selling or leasing to, or otherwork of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with.
Name N/A	a. Labor Organization
Trade Name, if any:	b. Trust
P.O. Box, Bldg., Room No., if any	c. Employer
Street	o. Employo.
City	
State ZIP Code + 4	
10. If 9.b or 9.c is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	; ,
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing
City .	12.a. Nature of interest held or income received.
State ZIP Code + 4	
	12.b. Amount.
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment
Name N/A	
Trade Name, if any:	
P.O. Box, Bldg , Room No., if any	
Street	
City	

14.b. Amount of payment.

13.b. Is the Business an Employer

State